	UNITED STATES OF AMERICA COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION				P 2171-118	
	As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named) of the subject matter which is claimed and for which a patent is sought on the inventor entitled:  MULTI-VOLTAGE LEVEL SEMICONDUCTOR DEVICE AND ITS MANUFACTURE					
	the specification of which is attached hereto, unless the following box is checked:					
	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose all information known to be material to patentiability in accordance with Tide 37, Code of Federal Regulations, \$1.56.  I hereby claim priority benefits under Tide 35, United States Code \$119 of any foreign application(s) for patent or inventor's certificate or United States provisional application(s) listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:  Prior Foreign or Provisional Application(s)					
	COUNTRY		ON NUMBER	DATE OF F		PRIORITY CLAIMED UNDER 35 U.S.C. 119
	Japan	Hei 9-	-28132	12/02/9	7	YES _X_ NO
						YES NO
						YESNO
Hall the first that	I hereby claim the benefit under Title 35. United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35. United States Code, §112, I acknowledge the duty to disclose information which is material to patentiability as defined in Title 37. Code of Federal Paragraphs 3. So which here a variable here we have the filter of the prior and the prior and the prior to the prio					
7 C. F.	UNITED STATES APPLICATION NUMBER		DATE OF FILING		/naraatad	STATUS
	AFFEICATION NOMBER		(dav. month. year)		(Datented.	pending, abandoned)
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	I hereby appoint OSTROLENK, FABER, GERB & SOFFEN, and the members of the firm, Marvin C. Soffen - Reg. No. 17,542; Samuel H. Weiner - Reg. No. 18,510; Jerome M. Berliner - Reg. No. 18,653; Robert C. Faber - Reg. No. 24,322; Edward A. Meilman - Reg. No. 24,735; Stanley H. Lieberszein - Reg. No. 22,400; Steven I. Weisburd - Reg. No. 27,409; Max Moskowitz - Reg. No. 30,576; Stephen A. Soffen - Reg. No. 31,063; James A. Finder - Reg. No. 30,173; William O. Gray, III - Reg. No. 30,944 and Louis C. Dujmich - Reg. No. 30,625, as attorneys with full power of substitution and revocation to prosecute this application, to transact all business in the Patent & Trademark Office connected therewith and to receive all correspondence.					
	SEND CORRESPONDENCE TO: OSTROLENK, FABER, GERB & SOFFEN DIRECT TELEPHONE CALLS TO: 1180 AVENUE OF THE AMERICAS (212) 382-0700 NEW YORK, NEW YORK 10036-8403					
	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
	FULL NAME OF SOLE OR FIRST INVENTOR		INVENTOR'S SIGNATURE			DATE / 20 100C
	Harumitsu FUJITA		Harumitry	Tujita	COUNTRY OF	Jan. 28. 1998
	Hamamatsu-shi, Shizuoka, Japan					
	POST OFFICE ADDRESS C/O YAMAHA CORPORATION				Japan	
l	10-1, Nakazawa-cho, Hamamatsu-shi, Shizuoka, Japan					
	FULL NAME OF SECOND JOINT INVENTOR (B	INVENTOR'S SIGNATURE			DATE	
Ī	RESIDENCE	· · · · · · · · · · · · · · · · · · ·		COUNTRY OF	TTIZENSHIP	
	POST OFFICE ADDRESS					
	FULL NAME OF THIRD JOINT INVENTOR (IF ANY)		INVENTOR'S SIGNATURE			DATE
	RESIDENCE				COUNTRY OF	TITZENSHIP
ł	POST OFFICE ADDRESS				<del></del>	

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